

Discussing Positive Alcohol Screenings:

A Challenging Patient Role Play

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We'd like to welcome you to this enhanced bite-size learning. This presentation continues our focus on key performance elements related to discussing positive alcohol screenings with primary care patients. It builds on earlier presentations. The case presented today will be similar to our past cases, but it will present a bit more of a challenge. This patient will have been screened using a paper and pencil version of the USAUDIT and will have severe alcohol related problems. We will focus primarily on the interpretation and discussion of the screening results in clinical care. We would move from screening results to grief counseling or discussion of treatment options this latter part will not be demonstrated in this bite-size learning for the sake of brevity, but it will be covered in a future presentation.

So, let's begin. This current bite-sized learning will highlight the following performance elements. Number 1: Personalized feedback – providing personalized feedback using screening results can help inspire motivation and offers a segue into further discussion. Number 2: Reflective listening – listening attentively and reflecting the patient's words, feelings, and non-behavioral cues can help the patient feel understood and valued and offers opportunities to promote change talk.

In the rest of the presentation, we show a scenario that reflects a common workflow in primary care. In our scenario the patient has already completed a paper-and-pencil USAUDIT screener as part of her well visit. She completed it prior to being roomed by the medical assistant who scored it and left it on the clipboard with the other medical history checklists for the physician to review prior to his assessment.

We're going to enter the role play now.

Doctor: Okay Miss Gallegos, as you know you completed a questionnaire before you came into the room today, and I've reviewed them, and I wanted to follow up on a few items. Do you mind if I ask you a few questions?

Patient: Okay sure Doc.

Doctor: Okay so one of the things we always screen for, as you probably know, is alcohol use. Alcohol can affect you in many different ways. So, you filled out a survey that asked you about your drinking habits and some other things that happen to you when you drink. So, we use this survey to get a picture of where people fall in terms of their risk for developing alcohol-related problems. We scored that survey, and it looks like you fall into a moderate to serious risk range. This concerns me a bit, so I wanted to talk with you a little bit more about what it means, so is it okay if we just talk about this for a little?

Patient: Well I guess you're going to do what you got to do, Doc.

Doctor: Okay well thank you that that's fine, so let's dive in. So first I want to tell you a little bit more about the survey. So this is one of the world's leading tools for helping to screen for alcohol problems. It's a kind of like taking your vital signs or your blood work. It can help us to know when we need to probe a little bit further. It doesn't tell me that you know you're an alcoholic or that you need to stop drinking or anything like that, but what it does tell me is your risk for having problems that might be related to using alcohol. Some people have really low risk, other people have really high risk, and other people fall somewhere in between on the scale. So your score was a 30, which places you in an elevated range for risk. This means that you are much more likely to develop alcohol problems or other problems related to drinking than people who don't drink at all or who drink less than you do. So sometimes people are a little surprised when I explain this that they're at an elevated risk. What do you think about this?

Patient: Wow Doc, you know it isn't anything my family hasn't already told me. I just don't buy it though. Maybe I drink too much sometimes but you know I'm not hurting anybody and my liver is just fine. I don't get into any drunk driving accidents either. Nobody is at home for me to take care of, so really who am I hurting? After all this is my business how I choose to live my life.

Doctor: Well you're right. I really, I hear you, you don't think your drinking is causing you -- it is your choice, so you're right there. It's not harming anyone else so no harm, no foul right? That seems to be kind of how you think about it.

Patient: Yeah that's right I'm glad you do agree with me Doc.

Doctor: Well, I do agree with the part that I'm not going to try to force you to do anything or fuss at you. It is your choice; you have a right to choose how you live, so we're just having a conversation and you have to decide what you feel is best. So, but it is my job to make sure that we do talk about this you know and make sure that we have this discussion, so I would like to explain just a little bit more about the results and some of the things that concern me. Is that okay?

Patient: Well I guess yeah.

Doctor: Okay so that survey that you took is what we call a validated survey. So, what that means is that a lot of research has gone into making it useful, and it has been given to hundreds of thousands of people across the world so we can get an idea of drinking habits of people and when we look at both the current and future health problems that those people might have, we can use this tool to kind of help us out. So, it helps us to identify existing problems, but it also helps us to flag people who might develop problems down the road so that we can prevent those problems from happening. I always feel like it's better to prevent a problem from happening than it is to try and treat a problem after it's already there. Wouldn't you agree?

Patient: Yeah sure.

Doctor: Okay, so this survey tells me a few things. It tells me that first you're drinking 5 or 6 drinks every day. So that adds up to about 30 or 40 drinks a week. This is much more than our studies say is likely to be good for your health so for a woman your age we like to see no more than 7 drinks a week. So, what do you think about that?

Patient: Hell, that's crazy! I don't know anybody who only drinks 7 drinks a week. In fact, I really know plenty of people who drink a lot more than I do. Some of them drink first thing when they wake up. That ain't me though, I drink only in the evening a couple of drinks before dinner after drinks with dinner, so you know it's under control.

Doctor: Okay I get it, you like your pattern and you feel like you're doing what you can to keep your drinking under control which is good, so you've been thinking about it. Let me move on to some other information from the survey so you responded to some worrisome events like drinking more than you wanted to feeling guilty about your drinking early in the morning after heavy drinking sessions. Those types of problems are signs that your drinking may not always be in control.

Patient: Well, I guess if you put it that way it ain't so good. Sometimes it does get a little out of hand. Who wants to wake up the next morning and be hungover you know? It's just that when I get together with my gal friends, they have a bad influence on me. They get me drinking and then things can go haywire you know what I mean right? Bet you have friends like that too huh?

Doctor: Well you know I certainly have known people like that sure, and it sounds like it's kind of a tug of war for you. There's a part of you that wants to drink because you like it, but you also want to keep it under control so that it doesn't hurt you or other people, right?

Patient: You got it.

Doctor: Alright, but even with that desire there sometimes when you drink too much or do or say things that you regret later, especially when you're around other heavy drinkers, so you end up moving from the in-control drinking to the harmful drinking zone.

Patient: Yeah.

Doctor: Okay so I appreciate your honesty, so but before we go on I want to emphasize a final point about your survey. The survey not only detects when people are beginning to have problems like those we discussed. It actually identifies when people are at risk for developing more problems. So in other words, if you don't change the way you're drinking, I'm concerned that it will begin to affect your health. Can I give you an example of some of the things that might be worried about?

Patient: Mhm yes I guess.

Doctor: You know we discussed your weight before, you recognized it, you're overweight and are in danger of becoming diabetic and I know that you're trying to lose weight and increase your physical activity like we discussed, right?

Patient: Yes I have lost 10 pounds since I saw you last, by the way.

Doctor: That's fantastic, so I'm really happy about that! I know it takes a lot of commitment to do that, but here's the thing, drinking like you do adds a lot of extra calories, so it sabotages your efforts to lose weight. If you cut back on your drinking you can potentially improve your weight loss and that would help prevent you from becoming diabetic.

Patient: Yeah but you know I switched to red wine and I understand that's healthy and I know it doesn't have as much calories as beer.

Doctor: You're right. I'm glad that you looked into that. It doesn't have as many calories, which is a good thing, but even with fewer calories 30 glasses of wine a week adds thousands of calories a week and guess what the average person burns about a hundred calories for every mile they walk so you'd have to walk 30 miles a week just to burn off the calories from your wine.

Patient: Wow hmm I didn't really think about it that way. That's a lot of miles.

Doctor: Yes, it is and you're doing so well with your diet and walking imagine if you cut back on how much you're drinking, how much healthier you would be.

Patient: Okay I guess I could consider cutting back a bit.

Doctor: Great I really like you're committed to your health I like that, and it sounds like you're willing to take a step towards cutting back so that I think that's one of the most important decisions that you can make, and I can help, so let's discuss a few options.

And this is the end of the roleplay, so we'll stop it here. We have another presentation that works through some of the options that could be used with a patient like this I want to close with pointing out a few things.

There are three important points that we used the USAUDIT results to make. The first is that the patient was drinking more than the low risk drinking guidelines. Second, we pointed out some of the problems related to drinking that she admitted to Because she put them down on the form, they were easier to summarize by the clinician, and they were more readily accepted by the patient. Finally, the tool is one of risk, it is not diagnostic. It simply identifies when a person is at risk for developing dependence and other alcohol-related problems. So, couching the tool in terms of risk for developing problems and then connecting it specifically to the individual patient's health concerns helps to cement the motivation.

Thank you this concludes our bite-size learning.